

**VERIFICATION OF TRAINING  
ENROLLMENT AND ATTENDANCE****STATE OF ARKANSAS  
EMPLOYMENT SECURITY DEPARTMENT**

NAME OF SCHOOL OR EDUCATIONAL INSTITUTION:

ADDRESS OF SCHOOL OR EDUCATIONAL INSTITUTION:

CLAIMANT'S NAME:

SOCIAL SECURITY NO.:

ADDRESS:

The above individual has requested approval of his/her training enrollment and attendance under ACA 11-10-507(3) of the Arkansas Employment Security Law. In order for this Agency to make a proper decision under that Section of Law, it is important that you provide us with the following information. Reply should be made within seven (7) days.

1. Date individual entered or will enter training \_\_\_\_\_
2. Scheduled hours and days of attendance for the course(s) or program \_\_\_\_\_  
\_\_\_\_\_
3. This individual is enrolled in the following:  

<u>CIP Code</u>	<u>Course or Program Title</u>	<u>CIP Code</u>	<u>Course or Program Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
4. Is this individual enrolled on a full-time basis? ☐ Yes ☐ No
5. Is this course or program designed to provide training opportunities to those who can benefit from and who are most in need of, such opportunities? ☐ Yes ☐ No
6. Are applicants for the course or program screened to determine if they possess the necessary aptitudes or skills which can be usually supplemented by this training? ☐ Yes ☐ No
7. Is there a substantial and recurring demand in the claimant's labor market for the occupation for which the claimant is in training? ☐ Yes ☐ No  
Source of information \_\_\_\_\_
8. The training course(s) or program is expected to be completed on (mmddyy) \_\_\_\_\_
9. This institution is accredited or approved through \_\_\_\_\_  
\_\_\_\_\_
10. This individual is making satisfactory progress in the training. ☐ Yes ☐ No  
☐ Not Applicable.
11. What are the attendance requirements for the course(s) or program? \_\_\_\_\_  
\_\_\_\_\_

PREPARED BY (PRINT NAME):

TITLE:

SIGNATURE OF TRAINING OFFICIAL:

TELEPHONE NUMBER:

DATE: